

## DECLARATION AND POWER OF ATTORNEY

U.S.A.

As a below-named inventor, I hereby declare: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled A high-strength hook, in particular for an elastic cable, the specification of which

(check) ☐ is attached hereto.  
one)

☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_

and was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above, and acknowledge a duty to disclose information which is material to the examination of this application under 37 CFR 1.56(a). I hereby claim priority benefits under 35 U.S.C. 119 based on any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate on the present invention, filed before the application(s) on which priority is claimed.

FOREIGN APPLICATION(S), IF ANY, REFERRED TO ABOVE			
COUNTRY	APPLICATION NUMBER	DAY, MONTH & YEAR FILED	PRIORITY CLAIMED
FRANCE	97 10210	AUGUST 8, 1997	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby claim benefit under 35 U.S.C. 120 of any U.S. application(s) listed below. If the subject matter of any claim(s) of this application is not disclosed in the prior U.S. application(s) as required by paragraph one of 35 U.S.C. 112, I acknowledge a duty to disclose material information as defined in 37 CFR 1.56(a) regarding occurrences between the filing date of the prior application(s) and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	DAY, MONTH & YEAR FILED	STATUS
PCT/FR98/01769	AUGUST 7, 1998	PENDING

I hereby appoint Elliott I. Pollock, RN (Registration No.) 16,906; George VandeSande, RN 17,276; Robert R. Priddy, RN 20,169; Burton A. Amernick RN 24,852; Stanley B. Green, RN 24,351; Richard Wiener, RN 18,741; Townsend M. Belser, Jr., RN 22,956; Morris Liss, RN 24,510; Charles E. Snee, III, RN 26,610; Martin Abramson, RN 25,787; Dean E. Carlson, RN 18,537; and George Pettit, RN 27,369, my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all communications to POLLOCK, VANDE SANDE & PRIDDY, P.O. Box 19088, Washington, D.C. 20036.

All statements made herein of my own knowledge are true. All statements made on information and belief are believed to be true. These statements were made with the knowledge that willful false statements and the like so made are punishable by fine, imprisonment, or both, under 18 U.S.C. 1001 and may jeopardize the validity of the application or any patent issuing thereon.

Note: Please sign one full given name and your surname, using initials where appropriate for other names. It is important that the name be consistent throughout the application papers. Signing of an application more than five weeks prior to filing or an undated application is not acceptable to the Patent and Trademark Office except for receiving an initial filing date.

1. Full name of inventor JOUBERT Xavier Date: Feb. 9, 2000

Inventor's signature \_\_\_\_\_

Residence Avenue des Tuileries - 63600 AMBERT - FRANCE

Citizenship FRENCH

Post Office Address The same as residence

2. Full name of inventor JOUBERT Thierry Date: Feb. 9, 2000

Inventor's signature \_\_\_\_\_

Residence 12, rue Midi - 63600 AMBERT - FRANCE

Citizenship FRENCH

Post Office Address The same as residence

3. Full name of inventor \_\_\_\_\_ Date: \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Best Available Copy